The JFA Institute
Washington, D.C./Austin, Texas

Conducting Justice and Corrections Research for Effective Policy Making

Travis Community Impact Supervision

Strengthening the Management and Treatment of Sex Offenders While on Probation

Matthew L. Ferrara, Ph.D.
Clinical and Forensic Psychologist

Lila Oshatz, M.Ed., LMSW-AP
Director of Social Services, Travis County Community Supervision and Corrections Department

Dr. Tony Fabelo
The JFA Institute
Austin, Texas Office

Dr. Geraldine Nagy
Director, Travis County Community Supervision and Corrections Department

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Summary

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas (adult probation department) teamed up with *The JFA Institute* in a two-year effort to reengineer the operations of the department to support more effective supervision strategies. The goal is to strengthen probation by using an evidence-based practices (EBP) model.

The Travis County CSCD and the Community Justice Assistance Division (CJAD) of the Texas Department of Criminal Justice (TDCJ) have provided funds to support the reengineering effort and use the department as an "incubator" site to develop, test and document organization-wide changes directed at improving assessment, supervision, sanctioning, personnel training and quality control policies. The Travis County CSCD is the fifth largest probation system in Texas and, as such, has a tremendous impact on the state probation system. The total number of offenders under some form of probation supervision in Travis County in FY 2006 (September 1, 2005 thru August 31, 2006) was 22,728.

This is the tenth incubator site report. The prior nine reports reviewed a variety of key implementation issues and these reports can be found at: http://www.co.travis.tx.us/community_supervision/TCIS_Initiative.asp (the department's web site for the initiative).

The management and treatment of sex offenders on probation is a critical area as these offenders may pose a high risk to the community. While the Department had Service Agreements with sex offender therapy providers, it lacked a unified team service delivery model. Given the critical nature of this area, the department decided to review sex offender service delivery as part of its first comprehensive program quality review conducted as part of the Travis Community Impact Supervision (TCIS) project. The Department contracted with Dr. Matt Ferrara, a recognized expert in the field of sex offender service delivery, to work with the department project team to develop an improved model and assist in the review.

This report reviews the new service delivery strategy for sex offenders on probation, the recently implemented Sex Offender Management Program (SOMP). This program is based on a Containment Model, which has the probation officer, treatment provider and polygraph examiner working as a team to manage the offender's behavior. However, SOMP more clearly defines the roles of team members and gives the probation officer more responsibility as chair of the team. It clearly defines the treatment protocol and expected outcomes of the model giving more structure to service delivery among the various treatment providers. The goal is to better manage the multi-phase components related to the effective supervision and treatment of sex offenders who are on probation. The SOMP model was approved for use by the Travis County judiciary in the fall 2006.

I. Introduction

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas (adult probation department) has teamed up with *The JFA Institute* in a two-year effort to reengineer the operations of the department to support more effective supervision strategies. The goal is to strengthen probation by using an evidence-based practices (EBP) model. This realignment strategy is called the Travis Community Impact Supervision (TCIS). This name was chosen to purposely distinguish this agency-wide effort from departments in Texas and around the country that have implemented limited components of an evidence-based approach but have not been able to implement or sustain evidence-based principles throughout the organization.

The Travis County CSCD and the Community Justice Assistance Division of the Texas Department of Criminal Justice have provided funds to support the reengineering effort and use the department as an "incubator" site to develop, test and document organization-wide changes directed at improving assessment, supervision, sanctioning, personnel training and quality control policies. The Travis County CSCD is the fifth largest probation system in Texas and, as such, has a tremendous impact on the state probation system. The total number of offenders under some form of probation supervision in Travis County in FY 2006 (September 1, 2005 thru August 31, 2006) was 22,728.

In this effort, *The JFA Institute* provides research, technical assistance in managing organizational changes and documents the efforts working with the department. Dr. Tony Fabelo is directing the project on behalf of *The JFA Institute*. Dr. Geraldine Nagy, the Director of the Travis County CSCD, is directing the overall reform effort in conjunction with senior management staff of the department. The effort is supported by Travis County criminal law judges, the district and county attorneys, and the Travis County Community Justice Council.

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The management and treatment of sex offenders on probation is a critical area as these offenders may pose a high risk to the community. While the Department had Service Agreements with sex offender therapy providers, it lacked a unified team service delivery model. Given the critical nature of this area, the department decided to review sex offender service delivery as part of its first comprehensive program quality review conducted as part of the TCIS project. The Department contracted with Dr. Matt Ferrara, a recognized expert in the field of sex offender service delivery, to work with the department project team to develop an improved model and assist in the review.

This report reviews the elements of the recently implemented Sex Offender Management Program (SOMP). This program gives the probation officer more responsibility over the management of the overall supervision and treatment strategies for sex offenders. It also more clearly defines the treatment protocol and expected outcomes of the model, giving more structure to the service delivery among the various treatment providers. The goal is to better manage the multi-phase components related

to the effective supervision and treatment of sex offenders who are on probation. The SOMP model was approved for use by the Travis County judiciary in the fall of 2006.

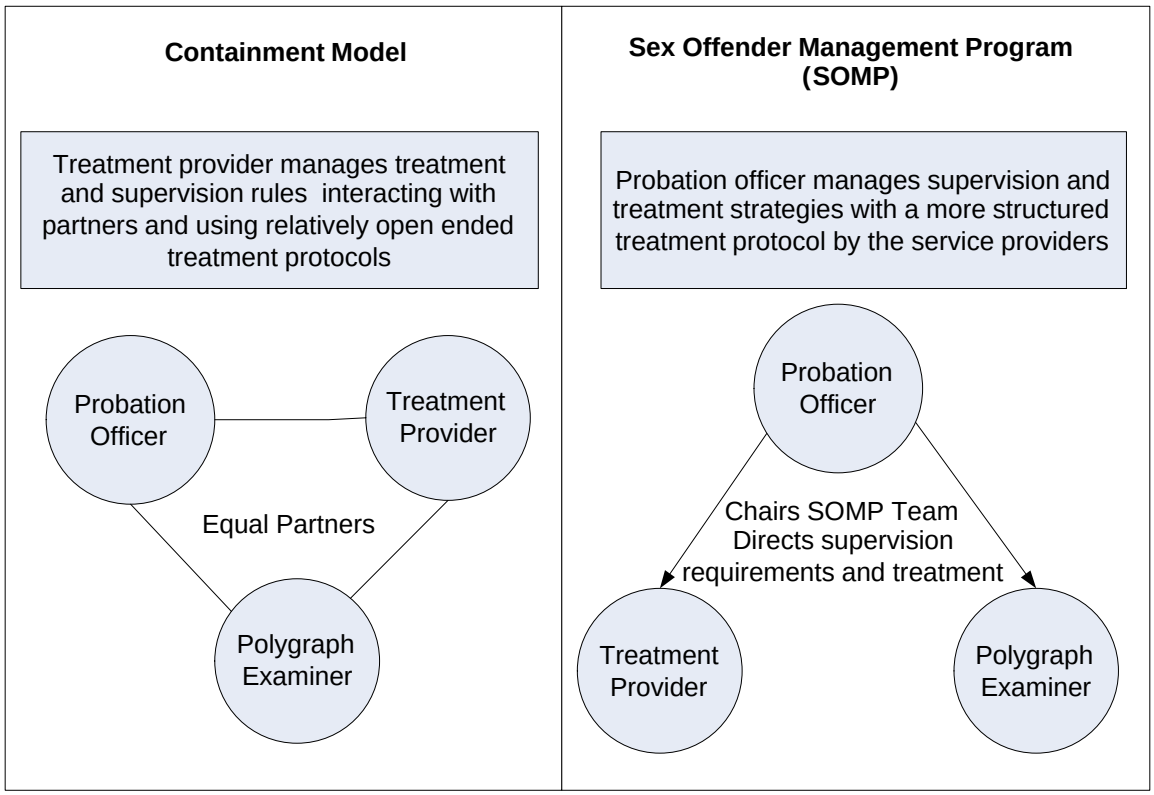
II. Model Overview

A. Overview

Prior to this project, the Department maintained a list of Licensed Sex Offender Treatment Providers (LSOTPs). Individuals were referred to treatment providers on a rotating basis. The treatment provider managed the offender's treatment and reported on supervision rule compliance, interacting with the probation officers and using a relatively open-ended treatment protocol. The new SOMP protocol moves sex offender service delivery from solely risk management to a collaborative combination of risk reduction and risk management. SOMP adopts a Containment Model with several enhancements.

Figure 1 depicts the general conceptual distinction between the usual Containment Model and the SOMP model. The Containment Model uses a team approach, with the probation officer, treatment provider and polygraph examiner as equal partners in dealing with the sex offender. While SOMP uses the same three entities as the Containment Model, SOMP has the probation officer as the leader of the SOMP team. This is because the probation officer has the responsibility and authority for managing and maintaining accountability for the sex offender probationer in the community.

Figure 1: Conceptual Depiction of Sex Offenders Supervision and Treatment Containment Model and Sex Offender Management Program (SOMP)



The SOMP also integrates appropriate evidenced-based tools to supervise and treat sex offenders in a community setting. Adjustments in the roles, responsibilities, and training of sex offender treatment providers, polygraphers and probation officers have been implemented as part of the new model described below.

The re-structuring of sex offender service delivery was also needed to achieve consistency in treatment practices. The Department recognized that sex offender probationers received different programming based on the approach of their LSOTP. While the Department did have service agreements with LSOTPs that identified key service delivery expectations, the Department's ability to direct the use of specific evidence-based strategies was hampered by the lack of a unified team service delivery model. The new model is assessment driven, establishes parameters for length of treatment, mandates the use of specific interventions, and provides for a consistent rate structure for treatment and polygraph services.

The ultimate goal of the new SOMP model is to enhance risk reduction protocols while maintaining risk management policies to: 1) respond to individual offender service needs; 2) establish appropriate and manageable timelines for the completion of treatment; 3) assist probation officers with implementation of differential supervision strategies; 4) assist judges in responding to supervision violations; and 5) develop reasonable outcome expectations for this critical population.

B. Team Member Roles

Specific team member responsibilities are the following:

Probation Officer: The probation officer is the leader of the SOMP team. All other professionals are accountable to the probation officer. All professionals involved in SOMP support the probation officer in the effort to achieve the objectives of community safety and optimal conditions for probationer success. With regard to community safety, the probation officer monitors the offender's compliance with the conditions of probation including treatment progress. Specifically, the probation officer:

- Uses office visits, field visits, progress in treatment, and polygraph exam results to determine if a probationer is compliant with the mandates of the Court;
- Responds to violations according to Department policies and directives of the Court, including recommendations to the Court regarding sanctions (including revocation);
- Oversees services provided by other professionals and directs the probationer to complete various treatment activities;
- Refers the probationer to sex offender treatment, monitors the probationer's progress in treatment, schedules polygraph exams, and involves the probationer's chaperones in the supervision process;
- Convenes SOMP team meetings (not all members need to be present at every SOMP team meeting, only those who have input relevant to the issues being discussed at the meeting);
- Convenes the SOMP, at a minimum after the initial assessment by the treatment provider and again when the probationer is discharged from treatment; and
- Determines the frequency of team meetings. Routine topics to be discussed at SOMP team meetings include: treatment progress, polygraph results, non-compliance, change in risk level, admissions, and discharges.

Treatment Provider: The treatment provider's role in SOMP is limited to providing treatment. Unlike traditional sex offender treatment in which the treatment provider monitors and enforces supervision rules, here the treatment provider merely provides treatment. There are two treatment services provided: offense specific therapy and cognitive training/psycho-educational training. The offense specific therapy is designed to help the probationer to identify and control deviant sexual urges and behaviors. Cognitive interventions focus on the five relatively stable dynamic risk variables that are known to affect recidivism: intimacy deficits, social influences, attitudes towards sex offending, sexual self-regulation, and general self-regulation. Psycho-educational interventions also focus on the four acute factors that are known to affect recidivism: substance abuse, negative mood, anger/hostility and opportunities for sexual offenses. Both offense specific and psycho-educational interventions are cognitive restructuring interventions designed to teach probationers new knowledge and new skills, which will lead to new behaviors.

The Department contracts/refers only with Licensed Sex Offender Treatment Providers (LSOTP) to provide sex offender treatment services, and a treatment provider must be a LSOTP to provide any service to probationers in the SOMP. These services include intakes, assessments, writing treatment notes, writing treatment plans, conducting group/individual therapy, conducting psycho-educational training, chaperon training, reading assignments and giving feedback, among others. The LSOTPs must maintain licensure while working in SOMP and adhere to all state statutes regarding the practice of sex offender treatment and assessment.

Polygraph Examiner: The polygraph examiner works directly with the probation officer regarding community safety (providing maintenance and monitoring polygraphs) and with the treatment provider regarding treatment issues (instant offense and sex history polygraphs). The polygraph examiner must adhere to the Joint Polygraph Committee on Offender Testing (JPCOT) Guidelines.

The Department contracts only with polygraph examiners who are licensed to administer polygraph exams in the State of Texas. Polygraph examiners who contract with the Department must maintain licensure while working in SOMP. Polygraph examiners must adhere to all state statutes regarding their practice and follow JPCOT guidelines.

III. Intake and Assessment

A. Overview

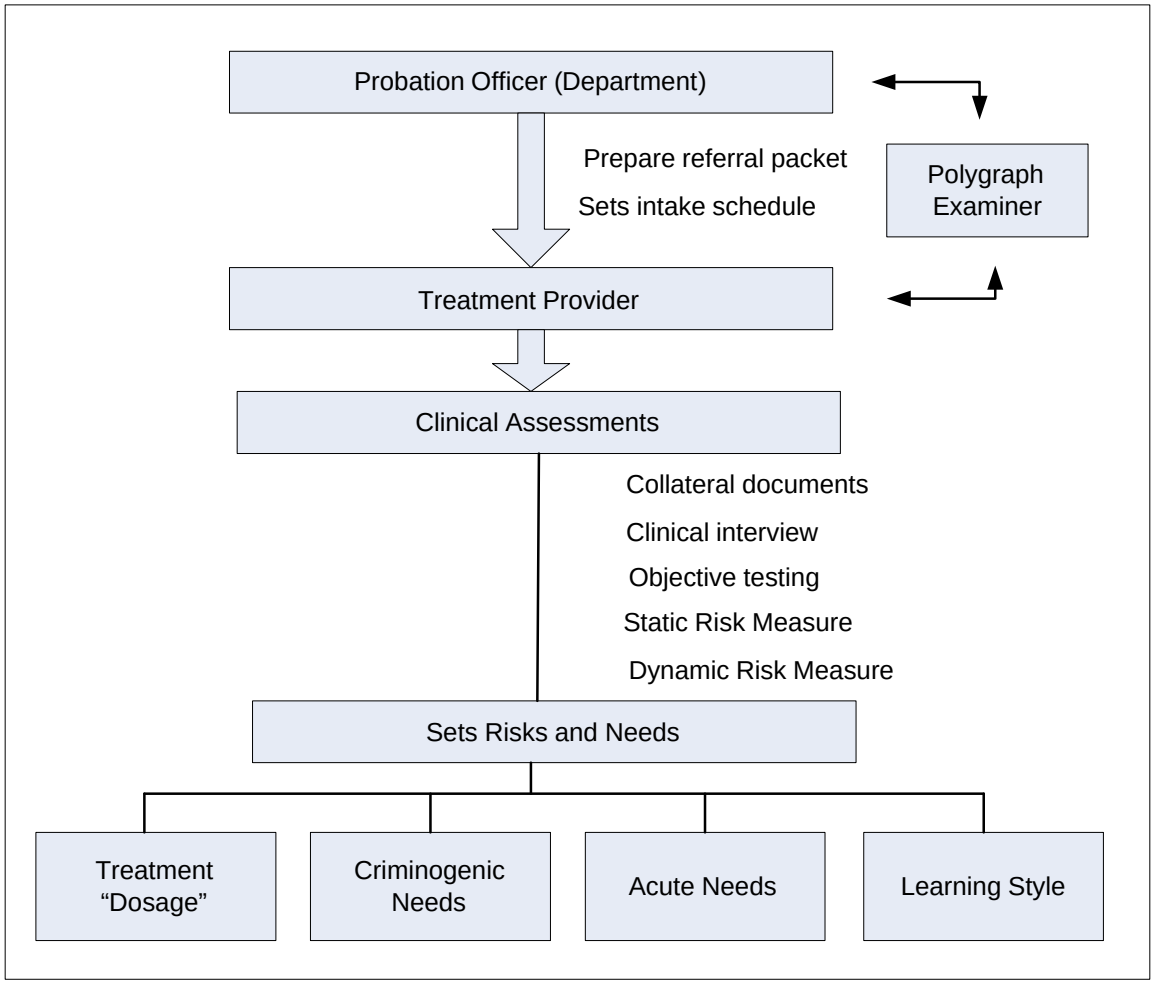
Figure 2 below depicts the main processes related to intake and assessment in the SOMP. The goal of the assessment process is to identify the specific risk and needs of the offender and develop the treatment and supervision plan. This assessment only relates to the SOMP process. The offender would have already been assessed by the Department's Central Diagnosis Unit, with that information used by the courts to determine the risk and needs of the offenders prior to sentencing and after being placed on probation.

As part of the SOMP program, the treatment provider makes intake times available to the Department so that probationers can be readily scheduled for a clinical assessment. Assessments conducted by the treatment provider are for the purpose of treatment planning. The assessment is designed to address three primary factors: risk, need and responsivity.

At least five working days prior to an intake, the Department contacts the treatment provider and informs the treatment provider that a probationer will arrive for an intake at one of the reserved times. The probation officer delivers a Referral Packet to the treatment provider at least forty-eight hours before the scheduled intake. The Referral Packet includes: Release of Information, Central Assessment Form, Static-99, and other materials that are appropriate and relevant, such as prior psychological or forensic evaluations.

Prior to beginning the assessment process, the treatment provider obtains the probationer's written consent for the assessment. The consent form delineates the following: the treatment provider's relationship with the Department, limits of confidentiality, risks and benefits of participating in the assessment, right to refuse the assessment, goals, methods and outcomes of the assessment, and fees.

Figure 2: Depiction of Intake and Assessment Process



B. Initial Assessment

The initial assessment must include the following: probationer interview, review of collateral information, psychological testing and risk assessment. Components of the assessment that have been completed by the Department can be substituted in the assessment battery, if that assessment data is not more than twelve months old. The following is a detailed description of the components of the assessment conducted by the treatment provider.

1. **Collateral Documents**: The treatment provider reviews and considers as many of the following documents that are available: criminal investigation records, Department of Public Safety (DPS) criminal history, CPS (Child Protective Services) records, previous evaluations, treatment records, medical records, correctional system reports, Central Diagnosis Report, and victim statement.

2. **Clinical Interview**: The treatment provider conducts a face-to-face interview with the probationer to determine the probationer's typical manner of perceiving, thinking, feeling, relating and impulse control. The interview includes gathering a social history and a psychosexual history. The interview includes a discussion of the instant offense.

3. **Objective Testing**: The treatment provider administers objective tests to sample behavior relevant to developing a treatment plan. There are two types of objective tests that are used: (A) personality testing – MMPI-2, PAI, or MCMI-III; and, (B) intellectual testing – Shipley, Raven Progressive Matrices, TONI-III, or the Wechsler Scales. The treatment provider should use one of each type of test.

4. **Static Risk Measure**: The treatment provider assesses the probationer's risk by using the SVR-20 and the Static-99 provided by the Department. If the probationer is suspected of being psychopathic, the Hare Psychopathy Checklist – Revised: Second Edition must be used.

5. **Dynamic Risk Measure**: Since the purpose of the assessment is to develop a treatment plan, it is necessary to include a measure of dynamic risk factors; i.e., risk factors that change over time and are amenable to change. The treatment provider will use the SONAR to measure dynamic risk.

Given the complexity of the assessment process, the treatment provider may conduct the assessment in multiple sessions over several days. All assessments are completed within a 21 day period from the time that the probationer signs the consent form for assessment. When the assessment process concludes, the treatment provider prepares the Assessment Report Outline, which has the following components:

A) Description of Instant Offense
B) Probationer's Static Risk Level
C) Probationer's Dynamic Risk Level
D) Probationer's Criminogenic Needs as identified by the SONAR
E) Probationer's Learning Style: regular, low literacy, mental impairment, and other non-criminogenic needs.

C. Risk, Need and Responsivity

The SOMP treatment program is designed to address a probationer's risk, need and responsivity. The treatment provider must screen for these factors in the assessment and use information about the factors when treatment planning.

Risk refers to the likelihood that a probationer will re-offend or recidivate. Based upon the initial assessment, the treatment provider assigns the probationer to a treatment plan risk category. A treatment risk category is a grouping of probationers according to risk level. The probationer's risk-level determines treatment dosage or intensity.

It is important to understand that ***treatment risk*** categories and ***supervision risk*** categories are different. The act of defining treatment risk levels is solely for determining dosage/intensity and does not have an impact on supervision levels. The three treatment risk categories and corresponding criteria are listed below:

1. **Low Risk**: The probationer's arrested or indicted offense did not entail the use of physical violence, rape, or a pre-teen child. The probationer's behavior during the arrest or indicted offense is the probationer's only deviant act in his or her lifetime, as evidence by a sex history polygraph.

2. **Medium Risk**: The probationer's arrested or indicted offense entailed the use of physical violence, rape, or the victim was a pre-teen child. Or, in addition to his or her indicted or arrested offense, the probationer has a history of deviant sex behavior (e.g., self-reported deviant sexual behavior or credible reports/documentation by others of deviant sexual behavior); or the sex history polygraph results indicate deviant sexual behavior in addition to the indicted or arrested offense; or the probationer has deviant arousal as evidenced by plethysmograph assessment.

3. **Highest Risk**: The probationer exhibits one or more of the following: multiple child victims; rape; a score of one (1) or two (2) on the Criminal Versatility variable on the Hare Psychopathy Checklist - Revised; a score of 30 or higher on the Hare Psychopathy Checklist – Revised; or, the probationer's primary sexual arousal is to rape or children as evidenced by plethysmograph assessment.

Once again, the foregoing are *treatment risk* categories, not *supervision risk* categories. These treatment risk categories are designed to help the treatment provider decide how much treatment a probationer receives, with medium risk probationers receiving more treatment than low risk offenders and higher-risk offenders receiving the most treatment of all.

In the context of correctional programming, a "need" is defined as a risk-factor that may contribute to further criminal behavior. Thus, if this need is not remediated, the probationer is at higher risk for reoffense or recidivism.

Based upon the initial assessment, the treatment provider identifies the probationer's needs. The primary tool used is the SONAR. The SONAR identifies two types of needs: stable and acute.

Stable needs are the stable dynamic risk factors as indicated by the categories comprising the SONAR.

1. **Intimacy Deficits**: No current intimate partner or problems in intimate relationships (e.g., affairs, jealousy, sexual problems, domestic violence, etc.).

2. **Negative Social Influences**: Family/friends who are antisocial or deviant.

3. **Deviant Attitudes**: Attitudes that support rape or child molesting.

4. **Poor Sexual Self-Regulation**: The probationer uses sex as a stress management intervention or the probationer has sexual entitlement or a sexual preoccupation.

5. **Poor General Self-Management**: The probationer has difficulty conforming to supervision rules, social norms or laws.

Acute needs are the acute dynamic risk factors as indicated by the categories comprising the SONAR. These are:

1. **Substance Use**: The probationer's use of alcohol or drugs interferes with social, occupational or relationship functioning.

2. **Negative Mood**: The probationer experiences depression, loneliness, anxiety or suicidal ideation.

3. **Anger/Hostility**: The probationer experiences anger or uses aggressive behavior to influence others.

4. **Opportunity for Victim Access**: The probationer has access to potential victims or has begun to set up potential victims.

In the context of correctional programming, "responsivity" refers to those characteristics of the offender or of his/her circumstances that, if left unaddressed may interfere with the success of a treatment intervention. One of the most important responsivity factors is the probationer's level of literacy and whether the probationer is severely mentally ill.

Based upon the initial assessment, the treatment provider determines the probationer's learning style and identifies any serious mental health issues. Based on this information, the offender falls into 1 or 3 categories:

1. **Regular**: The probationer does not suffer from a major mental illness/psychosis and can read at or above the eighth grade level.

2. **Low Literacy**: The probationer does not suffer from a major mental illness/psychosis but is illiterate, functionally illiterate or reads below the eighth grade level. This category also includes developmentally delayed probationers.

3. **Mental Illness**: The probationer suffers from a major mental illness, e.g., schizophrenia, bipolar disorder, psychosis, major depression with psychosis,

etc. The probationer's mental health makes it difficult for him to benefit from group therapy.

D. Assessment Staffing

After assessing risk, need, and responsivity using the required assessment protocol, the treatment provider completes an assessment report recommending which, if any, treatment services the probationer warrants. The findings and recommendations in this report are then reviewed and discussed in an Assessment Staffing involving a face to face or telephonic meeting between the treatment provider and the probation officer. The treatment provider and the probation officer make decisions about the probationer, including but not limited to the following:

1. **Disqualification**: The probationer does not warrant sex offender treatment, the probationer is refusing treatment, or the probationer has refused to sign treatment forms.

2. **Deferred Treatment**: The probationer has an active psychosis that interferes with participation in the treatment program or the probationer has a medical condition that prevents him or her from participating in treatment.

3. **Low Risk Program**: The probationer is a low risk offender and will only be required to participate in psycho-educational training.

4. **Regular Program**: The probationer is a medium or high risk offender and will be required to participate in offense specific treatment, psycho-educational training, individual therapy, chaperon training and aftercare.

5. **Low Literacy Program**: The probationer is illiterate or functionally illiterate. The treatment provider cannot use a workbook when dealing with these probationers or require them to complete written assignments. The treatment provider will need to develop a curriculum based upon the offense specific workbook and the psycho-educational workbook. The treatment provider will need to use the curriculum (i.e., facilitator's book) to conduct treatment with the probationer with low literacy. The treatment provider must conduct offense specific lessons in individual sessions and psycho-educational lessons in group settings.

6. **Mental Health Program**: If the probationer is mentally ill, the treatment provider must decide the setting in which to deliver treatment. The treatment provider may deliver treatment to the mentally ill probationer in individual sessions and not use group sessions.

Probationers admitted to the program are scheduled for orientation. The treatment provider documents the Assessment Staffing decision in the probationer's file.

E. Treatment Planning

The treatment provider completes an initial treatment plan for each probationer within thirty days of the probationer being admitted to the treatment program. The probationer's treatment plan is updated annually, or when necessary as dictated by new information. The initial treatment plan includes, but is not limited to, the following components:

1. **Risk Targets**: Description of deviant sexuality, to include type of deviant arousal and baseline risk.

2. **Criminogenic Targets**: Description of the stable and acute dynamic risk factors that the probationer possesses.

3. **Risk Target Interventions**: Therapeutic assignments and modality (e.g., group therapy) that will be used to intervene on risk targets.

4. **Criminogenic Target Interventions**: Therapeutic assignments and modality (e.g., group therapy) that will be used to intervene on criminogenic targets.

IV. Treatment

A. Components

Figure 3 depicts the treatment components and completion criteria for each component. The main components are: orientation, treatment, chaperon training, and aftercare.

A probationer is required to complete orientation prior to commencing program participation. At a minimum, the orientation program explains the treatment process to the probationer and makes suggestions about how the probationer can succeed in treatment. Orientation is conducted either in group or individual treatment settings and takes no more than four weeks to complete. Treatment involves completion of offense specific therapeutic assignments for medium and high-risk offenders. Psycho-educational components are required for all offenders receiving treatment. If a chaperon is required, the probation officer approves the chaperon and the chaperon must complete training and psycho-educational groups provided by the treatment provider. Once the treatment program is completed, the offender must participate in monthly aftercare groups for two years, and pass two annual maintenance polygraph exams before successfully completing the SOMP program.

Figure 3: Depiction of Program Components, Activities under Each Component and Completion Criteria

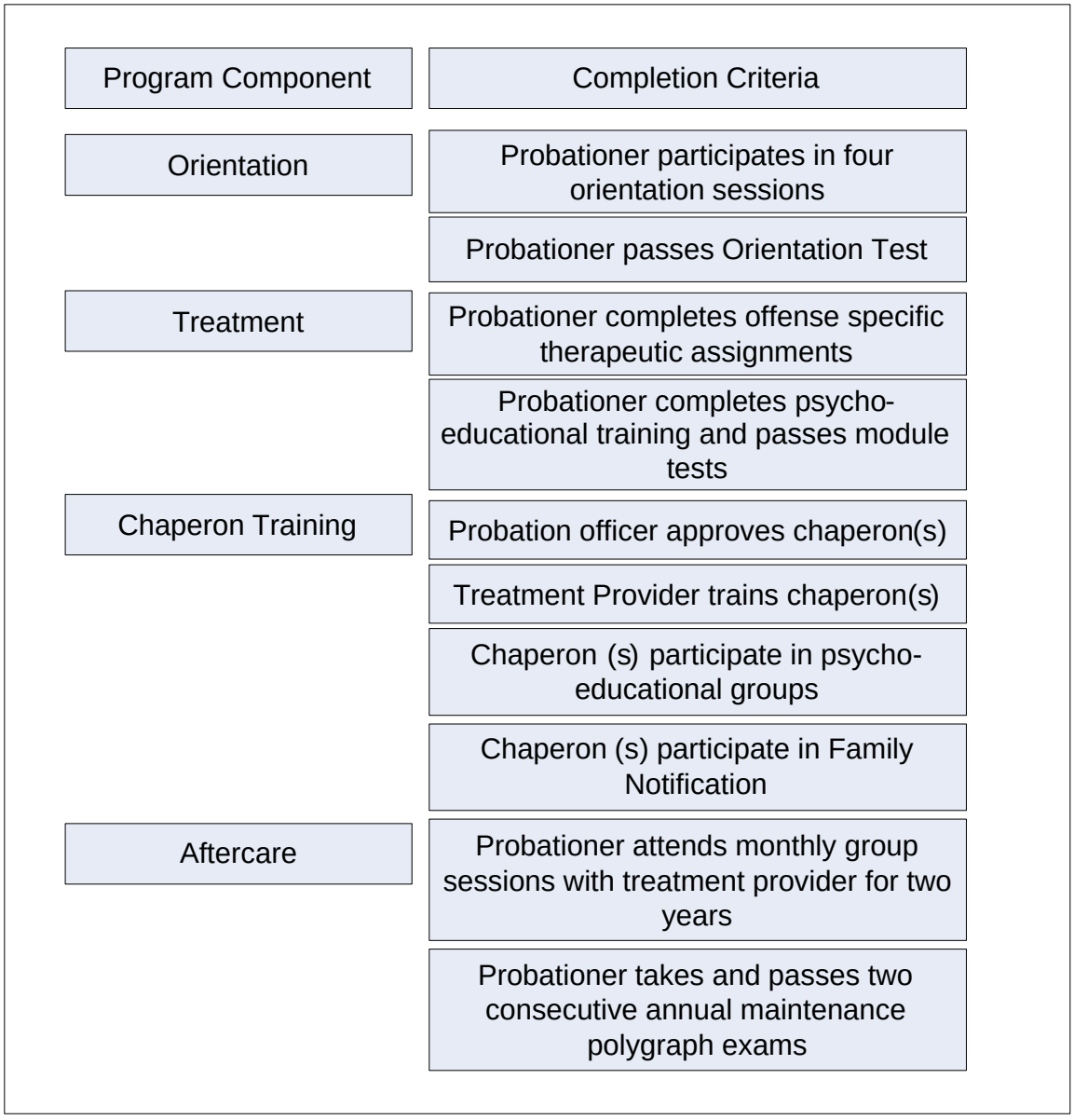


Figure 4 depicts the key components of the regular therapy program. Medium and high-risk offenders must complete all components of the regular program including individual therapy, group therapy, psycho-educational programs, and polygraph exams. Low-risk offenders are excluded from group and offense-specific therapy. Mentally ill offenders may be exempted from group activities if their mental health condition prevents them from participating.

Individual therapy is used to help the probationer deal with life issues, including but not limited to supervision guidelines, intimate relationships, work, chaperons, and stress. Each probationer meets in individual therapy with the treatment provider at least

once per month. The treatment provider and the probationer can each determine the topic(s) of discussion. Appropriate topics to be addressed in individual therapy include, but are not limited to:

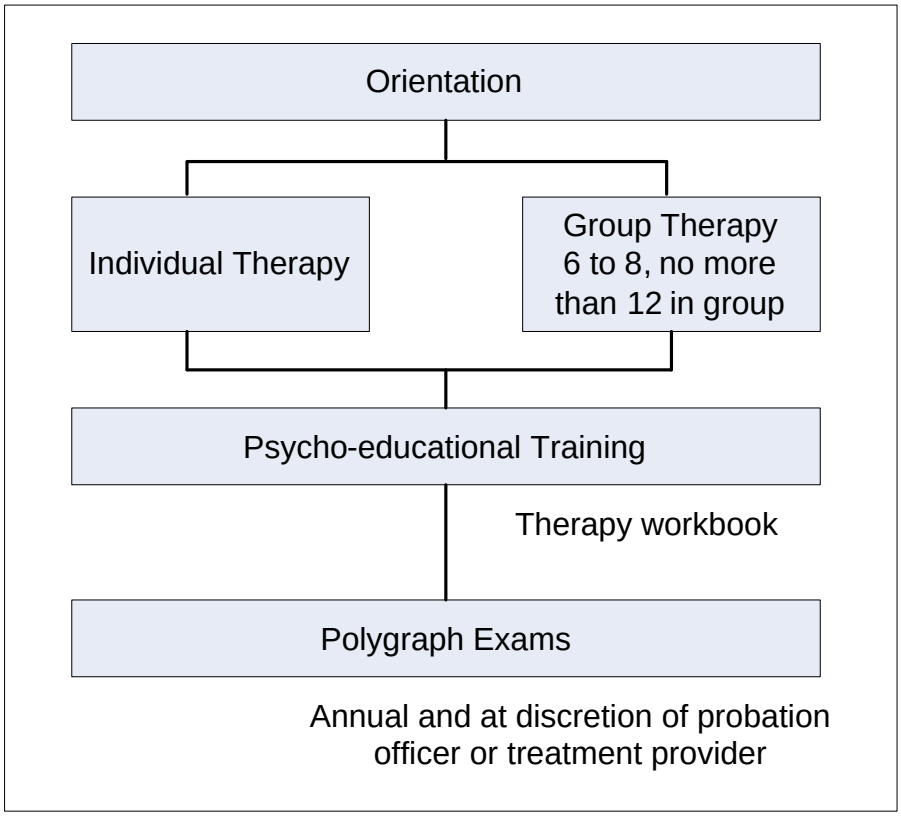
(1) control of deviant urges and behavior;
(2) relationships with significant others;
(3) chaperon training;
(4) choices leading to success or violations of supervision guidelines; or
(5) stressful events

Group therapy sessions are the mainstay of the therapy program. The treatment provider (LSOTP) conducts all group therapy sessions. The probationer must attend group therapy a minimum of once a week, for a minimum of ninety minutes per each group session. The structure of the sex offender group therapy session is as follows:

A) Psycho-educational training (approximately 30 minutes)
B) Offense specific worksheet (approximately 30 minutes)
C) Priorities and problem behaviors (approximately 30 minutes)

The treatment provider writes a progress note for each probationer during or after each group session. The number of probationers in a group session may not exceed twelve. It is expected that most group sessions will have between six and eight probationers in attendance.

Figure 4: Therapy Choices, Training Modality and Polygraph Exams



The treatment provider uses a therapy workbook and the client must complete therapy assignments on his or her own time. The treatment workbook contains all the offense specific assignments that a probationer must complete. The probationer presents offense specific assignments either in a group session or in an individual session, to be determined by the treatment provider. The probationer is not required to present more than five offense specific assignments in the group sessions; all other assignments are presented during an individual session.

Regardless of the setting, a probationer presents his assignment and receives feedback. If the probationer presents the assignment during a group session, the probationer accepts feedback from the treatment provider and group members. If the assignment is presented during an individual therapy session, the treatment provider gives the feedback. The probationer should expect to revise assignments based upon the feedback that he or she receives.

The treatment provider also facilitates psycho-educational training. The psycho-educational curriculum addresses the stable and acute dynamic risk areas identified by the SONAR. Psycho-educational lessons are designed to teach the probationer knowledge and skills in these areas. Each lesson should take 15 to 30 minutes to teach.

Polygraph exams are provided at least annually. Both the probation officer and treatment provider may require additional polygraph exams.

B. Treatment Timeline

Figure 5 shows the program components, timeframe for completion of each component, and the cumulative timeframe for treatment. In an effort to expedite treatment, treatment milestones and timelines for accomplishing milestones have been delineated. These timeframes are benchmarks; the probationer should try to meet these guidelines but is recognized that some probationers might take more or less time to complete the program.

Figure 5: Program Components, Timeframe for Completion of Each Component and Cumulative Timeframe for Treatment

C. Use of Polygraph Exams

The polygraph examiner oversees the process for conducting polygraph exams. These include: 1) clinical exams regarding the instant offense and sex history, and 2) annual maintenance exams. Maintenance exams are an important tool for monitoring compliance with supervision rules. Probationers are expected to pass all polygraph exams. Probationers who fail polygraph exams are sanctioned. Some probationers who fail a polygraph may be allowed to retake the exam within a specified period.

Clinical Exams: Probationers are expected to complete assignments regarding their instant offense and sex history. Except for probationers in the Low Literacy Program, these assignments are written assignments. After the probationer has revised one of these assignments to the satisfaction of the treatment provider, the treatment provider schedules the probationer for a polygraph exam regarding the assignment.

The probationer can only undergo a polygraph examination of one of these assignments during one polygraph exam. The probationer must under go a polygraph exam regarding both of these assignments, in order to complete the program. The probationer is expected to pass the polygraph exam. If a probationer does not pass the polygraph exam, the probationer may be given an opportunity to revise the assignment and retake the polygraph exam.

Maintenance Exams: One month prior to the anniversary of a probationer's DOA (date of arrival), the polygraph examiner sends the probation officer notice that the probationer needs to take a maintenance polygraph exam within one month. Included in the written notice is the Supervision Maintenance Polygraph Preparation Packet (SMPPP), a form that prompts the probationer to recall supervision rules and identify compliance and non-compliance with the rules. The probation officer gives the probationer notice of the requirement to take the maintenance polygraph exam within 30 days. The probationer completes the SMPPP in writing and informs the probation officer of any violations prior to taking the polygraph exam.

Other Exams: In addition to the standard polygraph exams mentioned above, the probation officer or the treatment provider can require a polygraph exam at any time, particularly when the probation officer or treatment provider becomes aware of an issue that can be resolved by polygraph exam. If the issue is a supervision issue, the probationer officer arranges for the polygraph exam and prepares the probationer for the polygraph exam. If the issue is a treatment issue, the treatment provider prepares the probationer for the polygraph exam and arranges the polygraph exam.

V. Implementation Issues

A. RFP Process and Selection of SOMP Therapists

Based on the current and projected sex offender population under supervision in Travis County, the Department predicted that successful service delivery could be accomplished with a team of up to twelve LSOTPs and three Polygraphers. This LSOTP/Polygrapher group would work collaboratively with the Department's Sex Offender Field Unit. The Department initiated a competitive bid process to select a LSOTP/Polygrapher group to collaborate with the Department in providing SOMP services.

B. Staff and SOMP Therapist Training

Once the SOMP contract therapist group was selected, members of the SOMP development team met with representatives of the contracted therapist group to plan the transition and training protocols. Based on the needs of both probation officers and therapists, it was determined that a day long training would be held prior to implementation. The training focused on a review of the SOMP manual and SOMP sex offender probationer workbook, as well as operational issues related to referral procedures, documentation, team meetings, etc. The training was video taped for future review by probation officers and therapists. Semi-annual trainings will be scheduled for the SOMP team to reinforce the SOMP service delivery strategies and provide opportunities for modifications that may become necessary.

Additionally, the Director of the Department and members of the SOMP development team provided SOMP education sessions to defense attorneys, prosecutors and Judges to foster communication, collaboration and implementation readiness. Training will continue to be provided to individuals and agencies to maximize SOMP effectiveness and model fidelity.

C. Program Transition

Sex offenders were transitioned from their current sex offender provider to the SOMP program with certain exceptions. Exceptions were provided for offenders that:

- Were scheduled to terminate probation by 1/31/08.
- Had a Motion to Revoke Probation (MTRP) or an active warrant or had absconded.
- Had been court-ordered to a specific therapist named in the conditions of probation.
- Had significant medical issues.
- Had a major mental health diagnosis.
- Had clear documentation of Phase IV Treatment (last Phase).
- Had completed treatment and was attending voluntary Aftercare.

Of the 314 sex offender probationers who met criteria to be transitioned, 154 were already receiving treatment services from sex offender therapists in the contracted SOMP group. Ninety-nine sex offender probationers were transitioned to SOMP therapists and 61 sex offender probationers met criteria to remain with their existing non-SOMP therapists.

The transition process began with notification to the sex offender probationers who met the transition criteria. These probationers had been previously notified about the goals and objectives of SOMP and that transition may occur. Sex Offender Probation Officers prepared transition packets, including treatment progress reports, results of previous polygraph exams, and treatment compliance documentation. These packets were given to the SOMP therapists to assist them in determining appropriate placement in treatment groups. Two SOMP therapists conducted all intakes. Upon completion of the intake process, a sex offender probationer was referred to a specific SOMP therapist for treatment services.

D. Program Monitoring

Annually, the Department conducts a site visit of sex offender treatment providers. The site visit is conducted by a team of staff composed of representatives from contract administration and from the Sex Offender Field Unit. The site visits include audits of files to ensure that documentation is performed in accordance with policy. During the audit, the Department also observes the treatment provider providing services. Results of file audits and other observations are summarized in a report to the treatment provider. The Department uses these reports to substantiate contract decisions. The Department conducts other quality assurance activities as appropriate, such as desk top audits. All quality assurance activities are documented, as are remedial plans for deficiencies. Follow-up for remedial plans is also documented.

Program effectiveness will be assessed by use of a program evaluation system. Three types of variables relevant to SOMP will be identified:

A) Dependent Variable: The probationer's response to treatment, including but not limited to recidivism. Recidivism includes all types of reoffense (sexual, nonsexual, felony, and misdemeanor). Type and number of revocations will also be used.

B) Independent Variable: The type and amount of treatment a probationer receives and the intensity of his or her participation.

C) Control Variable: Attributes of the probationer and the probationer's environment that may have an impact upon treatment outcome, including but not limited to baseline risk, dynamic risk and program type.

Items that are used to define each of the three types of variables are derived from the empirical and clinical literature regarding sex offenders. Items that define each variable are embedded in the intake forms. Data available for all probationers can be summarized and used to assess overall treatment effectiveness.

VI. Conclusion

This report reviewed the development of an improved service delivery strategy for sex offenders on probation, the recently implemented Sex Offender Management Program (SOMP). This program is an enhanced version of a Containment Model and gives the probation officer greater responsibility over the management of the supervision and treatment for sex offenders. It also more clearly defines the treatment protocol and expected outcomes of the model to give more structure to the service delivery among the various treatment providers. The goal is to better manage the multi-phase components related to the effective supervision and treatment of sex offenders who are on probation. The SOMP model was approved for use by the Travis County judiciary in the fall of 2006.

Prior to the implementation of SOMP, the treatment provider managed the treatment and reported on supervision rule compliance, interacting with the probation officers and using a relatively open ended treatment protocol. Under the SOMP model, the supervision and treatment strategies are managed by the probation officer, who chairs the SOMP team. The probation officer directs the supervision requirements and treatment working with other team members.

The re-structuring of sex offender service delivery was also needed to achieve consistency across all Licensed Sex Offender Therapy Providers. The Department recognized that sex offender probationers received different programming based on which LSOTP was treating them. While the Department did have service agreements with LSOTPs that identified key service delivery expectations, the Department's ability to direct the use of specific strategies was hampered by the lack of a unified team service delivery model. The new model also establishes parameters for length of treatment, mandates the use of specific interventions and provides for a consistent rate structure for treatment and polygraph services.

The ultimate goal of the new model is to enhance risk reduction protocols while maintaining risk management policies to: 1) respond to individual offender service needs; 2) establish appropriate and manageable timelines for the completion of

treatment; 3) assist probation officers with implementation of differential supervision strategies; 4) assist judges in responding to supervision violations; and, 5) develop reasonable outcome expectations for this high risk population.